

## UTILITY

PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

202820US3

First Inventor or Application Identifier

Tomoshige UMEDA

Title

MASK

Assignee Name: Kao Corporation

Assignee Address: 14-10, Nihonbashi, Kayabacho 1-chome, Tokyo 103-8210 JAPAN

## APPLICATION ELEMENTS

See MPEP chapter 609 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patent  
Box Patent Application  
Washington, DC 20231

- Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

- Specification

Total Sheets **47**

- Drawing(s) Formal

Total Sheets **7**

4. ■ Oath or Declaration

Total Pages **4**

- a. ■ Newly executed (original or copy)

- b. □ Copy from a prior application (37 C.F.R. §1.63(d))  
(for continuation / divisional w/ box 16 completed)

- i. □ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in  
the prior application, see 37 C.F.R. §1.63(d)(2) and  
1.33(b).

5. □ CD-ROM or CD-R in duplicate, large table or Computer  
Program (Appendix)

6. □ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. □ Computer Readable Form (CRF)

- b. Specification or Sequence Listing on:

- i. □ CD-ROM or CD-R (2 copies); or

- ii. □ Paper

- c. □ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ■ Assignment Papers (cover sheet & document(s)) ( )  
8. □ Application Data Sheet. See 37 CFR 1.76  
9. □ 37 C.F.R. §3.73(b) Statement □ Power of Attorney  
(when there is an assignee)  
10. □ English Translation Document (if applicable)  
11. ■ Information Disclosure  
Statement (IDS)/PTO-1449 ■ Copies of IDS  
Citations (3)  
12. □ Preliminary Amendment  
13. ■ White Advance Serial No. Postcard  
14. □ Certified Copy of Priority Document(s) ( )  
(if foreign priority is claimed)  
15. □ Applicant claims small entity status.  
See 37 CFR 1.27  
16. ■ Other: REQUEST FOR PRIORITY, STATEMENT  
OF RELEVANCY

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

- Continuation □ Divisional □ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

FOR CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is  
considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon  
when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:

- This application is a □ Continuation □ Division □ Continuation-in-part (CIP)  
of application Serial No. Filed on  
□ Which was published in English  
□ Which was not published in English  
□ This application claims priority of provisional application Serial No. Filed

## 19. CORRESPONDENCE ADDRESS



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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tomoshige UMEDA ET AL

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MASK

J=841 U.S. PTO  
09/783548  
02/15/01

## FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	23 - 20 =	3	× \$18 =	\$54.00
INDEPENDENT CLAIMS	1 - 3 =	2	× \$10 =	\$0.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$270.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,034.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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A duplicate copy of this sheet is enclosed.

A check in the amount of \$1,074.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.  
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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